

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029678

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED AUG 15 1963

1003

8141

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR
TOWN

St. Louis

6 wks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

DePaul Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Franklin

c. CITY
OR
TOWN

Gray Summit

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

Roberts Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
Florence

Middle

Banderman

Last

4. DATE
OF
DEATH

Month

Day

Year

8

8

63

5. SEX

F

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/2/26

9. AGE (last birthday)

37

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and state or country)

Grubville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Freemont Thornhill

13b. MOTHER'S MAIDEN NAME

Emma (Leonard)

14. NAME OF HUSBAND OR WIFE

Ernest L.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ernest L. Banderman - Gray Summit, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemorrhage into base of brain

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

acute thrombotic infarction of brain
296X

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Myeloma of spine

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

May 1960, to

Aug 8-1963

and last saw her alive on Aug 8-1963

Death occurred at

7:15 am

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wayne O. Borla M.D.

22b. ADDRESS

100 No Euclid

22c. DATE SIGNED

8-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8/11/1963

23c. NAME OF CEMETERY OR CREMATORY

Brush Creek Church Cem.

23d. LOCATION (City, town, or county)

Gray Summit

(State)

Mo.

24. FUNERAL DIRECTOR

Bell Funeral Home

ADDRESS

Pacific, Mo.

25. DATE RECD. BY LOCAL REG.

AUG 10 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

GORLA
100 N. E. 100

1896 -

62
F
6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4977

P. O. Address Pacific, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.